

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION

**TRAINING GRANT APPLICATION**  
(New, Competing Continuation, and Supplemental)

LEAVE BLANK

TYPE

ACTIVITY

NUMBER

REVIEW GROUP

FORMERLY

COUNCIL BOARD (Month, year)

DATE RECEIVED

1. TITLE OF TRAINING PROPOSAL (Do not exceed 56 typewriter spaces)

2. PROGRAM ANNOUNCEMENT NAME AND NUMBER

3. DISCIPLINE SPECIALTY OR FIELD OF TRAINING

4. PROGRAM DIRECTOR

4a. NAME (Last, first, middle)

4b. HIGHEST DEGREE

4c. SSN

4d. POSITION TITLE

4e. MAILING ADDRESS (Street, city, zip code)

4f. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT

4g. MAJOR SUBDIVISION

5. DATES OF ENTIRE PROPOSED PROJECT PERIOD

From:

Through:

4h. TELEPHONE

FAX:

EMAIL:

6. OFFICIAL IN BUSINESS OFFICE TO BE NOTIFIED IF AN AWARD  
IS MADE (Name, address and telephone number.)

7. APPLICANT ORGANIZATION (Name and address)

8. ENTITY IDENTIFICATION NUMBER

9. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION  
(Name, address and telephone number.)

10. TYPE OF ORGANIZATION

☒ Public, Specify ☐ Federal ☐ State ☐ Local

☐ Private Nonprofit

11. **PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE:** I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. (U.S. Code, Title 18, Section 1001).

SIGNATURE OF PERSON NAMED IN 4a  
(In ink. "Per" signature not acceptable)

DATE

<b>12. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE:</b> I certify that the statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the Public Health Service terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).	<b>SIGNATURE OF PERSON NAMED IN 9</b> <i>(In ink. "Per" signature not acceptable)</i>	<b>DATE</b>
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## SUMMARY OF TRAINING PROPOSAL

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BRIEFLY DESCRIBE THE TRAINING PROGRAM USING THE FOLLOWING HEADINGS (*Do not exceed this page.*)

- A. Purpose and Program Characteristics
- B. Trainees
- C. Training Facilities

DETAILED BUDGET FOR FIRST 12 MONTH BUDGET PERIOD					FROM	THROUGH
A. TRAINING RELATED EXPENSES				DOLLAR AMOUNT REQUESTED ( <i>Omit cents</i> )		
1. PERSONNEL (Do not list trainees)		EFFORT		SALARY	FRINGE BENEFITS	TOTALS
NAME	POSITION TITLE	TOTAL FTE	REQUESTED FTE			
SUBTOTALS ---->						
2. CONSULTANT COSTS ( <i>Itemize</i> )						
3. EQUIPMENT ( <i>Itemize</i> )						
4. SUPPLIES ( <i>Itemize by category</i> )						
5. STAFF TRAVEL ( <i>Itemize</i> )						
6. OTHER EXPENSES ( <i>Itemize by category</i> )						
SUBTOTAL (Section A) ----->						
B. TRAINEE EXPENSES						
1. TRAINEE COSTS	PREDOCTORAL STIPENDS ( <i>Itemize</i> )					
	No. Requested:					
	POSTDOCTORAL STIPENDS ( <i>Itemize</i> )					
	No. Requested:					
	OTHER STIPENDS ( <i>Itemize</i> )					
	No. Requested:					
TOTAL STIPENDS ----->						
TUITION AND FEES ( <i>Itemize</i> )						
TOTAL TRAINEE COSTS ----->						
2. TRAINEE TRAVEL ( <i>Describe</i> )						
SUBTOTAL (Section B) ----->						
C. TOTAL DIRECT COST ( <i>Add subtotals of Sections A and B</i> ) ----->						
D. INDIRECT COST ----->						



**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD**  
**DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS		1 <sup>ST</sup> BUDGET PERIOD (from page 3)		ADDITIONAL YEARS OF SUPPORT REQUESTED							
				2nd		3rd		4th		5th	
<b>A. TRAINING RELATED EXPENSES</b>											
1. PERSONNEL ( <i>Salaries and fringe benefits</i> )											
2. CONSULTANTS COSTS											
3. EQUIPMENT											
4. SUPPLIES											
5. STAFF TRAVEL											
6. OTHER EXPENSES											
SUBTOTAL ( <i>Section A</i> )											
<b>B. TRAINEE EXPENSES</b>											
1. TRAINEE COSTS (See page 3)	Predoctoral Stipends	No.	\$	No.	\$	No.	\$	No.	\$	No.	\$
	Postdoctoral Stipends										
	Other Stipends										
	Tuition and Fees										
	TOTAL TRAINEE COSTS										
2. TRAINEE TRAVEL											
SUBTOTAL ( <i>Section B</i> )											
C. TOTAL DIRECT COST (Add subtotals of Sections A and B)											
D. TOTAL FOR ENTIRE PROPOSED PROJECT PERIOD										----->	

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**BUDGET JUSTIFICATION:** For all years, explain the basis for the budget categories requested. *(See instructions.)*

**BIOGRAPHICAL SKETCH**

Give the following information for all personnel contributing to the training program, beginning with the Program Director. Photocopy this page for each person. Do not exceed two pages on any individual.

NAME	TITLE	BIRTHDATE (Mo. Day, Yr.)
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**EDUCATION** (*Begin with baccalaureate or other initial professional education and include postdoctoral training*)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

**RESEARCH AND TRAINING SUPPORT** (*See instructions*)

**RESEARCH AND/OR PROFESSIONAL EXPERIENCE:** Concluding with present position, list in chronological order previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. **DO NOT EXCEED TWO PAGES.**





# CONTINUATION PAGE SAMPLE

Stay within the margin limitations on the continuation pages.  
A blank continuation page is provided for you to reproduce.

PROGRAM DIRECTOR (Last, first, middle)	SOCIAL SECURITY NUMBER
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**CHECKLIST**

This is the required last page of the application  
(Check the appropriate boxes and provide the information requested)

**TYPE OF APPLICATION**

- ☒ **NEW** application (*This application is being submitted to the PHS for the first time.*)
- ☒ **COMPETING CONTINUATION** of grant number: \_\_\_\_\_  
(*This application is to extend a funded grant beyond its current project period.*)
- ☒ **SUPPLEMENT** to grant number: \_\_\_\_\_  
(*This application is for additional funds to supplement a currently funded grant.*)
- ☒ **REVISION** of application number: \_\_\_\_\_  
(*This application replaces a prior unfunded version of a new competing continuation or supplemental application.*)
- ☒ **CHANGE** of Program Director.  
Name of former Program Director: \_\_\_\_\_
- ☒ **NON-COMPETING CONTINUATION**

**ASSURANCES** (See *GENERAL INFORMATION* section of instructions.)

- | a. Civil Rights                            | b. Handicapped Individuals                 | c. Sex Discrimination                      |
|--|--|--|
| <input checked="" type="radio"/> Filed     | <input checked="" type="radio"/> Filed     | <input checked="" type="radio"/> Filed     |
| <input checked="" type="radio"/> Not filed | <input checked="" type="radio"/> Not filed | <input checked="" type="radio"/> Not filed |

**ADDITIONAL ASSURANCES**

The following additional certifications described below are made by checking the appropriate boxes and verified by the signature of the OFFICIAL SIGNING FOR APPLICANT ORGANIZATION on the FACE PAGE of the application

- d. Delinquent Federal Debt. ☒ No ☒ Yes (If "Yes", attach explanation)

Before a grant award can be made, the applicant must certify that it is **not** delinquent on the repayment of any **Federal** debt. The certification applies to the applicant organization, **not** to the person signing the application as the authorized representative **nor** to the principal investigator/program director.

Examples of Federal debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of "delinquency" apply:

- ☒ **For direct loans and fellowships** (whether awarded directly to the applicant by the Federal Government or by an institution using Federal funds), a debt more than 31 days past due on a scheduled payment. (Definition excludes "service" payback under a National Research Service Award.)
- ☒ **For guaranteed and insured loans**, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.
- ☒ **For grants**, organizations in receipt of "Notice of Grants Cost Disallowance" which have not repaid the disallowed amount or which have not resolved the disallowance. (Definition excludes cost disallowances in an "appeal" status.)

Where the applicant discloses delinquency on debt to the Federal Government, the PHS shall (1) take such information into account when determining whether the prospective grantee organization is responsible with respect to that grant, and (2) consider not making the grant until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed. Therefore, it may be necessary for the PHS to contact the applicant before a grant can be made to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Applicants that fail to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving financial assistance from the PHS

- e. Debarment and Suspension. ☒ No ☒ Yes (If "Yes," attach explanation.)

Before a grant award can be made, the applicant organization must certify, among other things, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Subawardees, that is, other corporations, partnerships, or other legal entities (called "lower tier" participants), must make the same certification to the applicant organization concerning their covered transactions. Please refer to the pertinent DHHS implementing regulations, Title 45 Code of Federal Regulations Part 76, for complete certification requirements.

**CHECKLIST (CONTINUED)****ADDITIONAL ASSURANCES (continued)**

f. Drug-Free Workplace ☒ Yes ☒ No (If "No," attach explanation.)

Before a grant award can be made, the applicant organization must certify that it will provide a drug-free workplace. The main points of the certification require the applicant to:

☒ Publish a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition:

☒ Establish a drug-free awareness program;

☒ Require that each employee engaged in the performance of a grant or contract be provided a copy of the published statement;

☒ Notify the employee that as a condition of employment, the employee will abide by the terms of the statement;

☒ Notify the PHS awarding component of any employee convicted of a drug violation occurring in the workplace; and

☒ Require any employee who is convicted of a drug offense occurring in the workplace to participate in a rehabilitation program.

Please refer to the pertinent DHHS implementing regulations, Title 45 Code of Federal Regulations Part 76, for complete certification requirements.

g. Scientific Fraud (Misconduct) Assurance (Refer to PHS implementing Regulations 42 CFR Part 50, Subpart A)

☒ Administrative review process has been established.

☒ Reporting requirements of the published scientific misconduct regulations will be followed.

h. Lobbying Activities

☒ Filed

☒ Not filed

Before a grant award can be made, the applicant organization must complete SF-LLL as authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. The filing of a form is required for each payment or agreement to make payment for any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress or an employee of a Member of Congress in connection with a covered Federal Action.

**INDIRECT COST REQUESTED (See instructions)**

☒ No ☒ Yes If "Yes," at \_\_\_\_\_ % rate.

**CONTENTS OF PACKAGE (Check the appropriate boxes to insure that all requested information is included in the package mailed to PHS.)****Page No.**

- ☒ 1,2 Face Page, Summary of Training Proposal
- ☒ 3 Detailed Budget for First 12 Month Budget Period
- ☒ 4 Budget for Entire Proposed Project Period
- ☒ \_\_\_\_\_ Detailed Description of Training Program
- ☒ \_\_\_\_\_ Progress Report (*Competing continuation only*)
- ☒ \_\_\_\_\_ Biographical Sketch(es)
- ☒ \_\_\_\_\_ Checklist
- ☒ \_\_\_\_\_ Appendix

**MAILING LABEL FOR APPLICATION PACKAGE**

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**LISA GARBARINO  
GRANTS MANAGEMENT BRANCH, PGO  
CENTERS FOR DISEASE CONTROL AND  
PREVENTION  
2920 BRANDYWINE ROAD, ROOM 3000  
ATLANTA, GEORGIA 30341-4146**

**ATTENTION; SONIA PHELIX**